

ANNUAL REPORT of the Medical Officer of Health to the

Barton Regis Rural District Council.

January 1896.

The year 1895 has been marked in this district by great variation in the prevalence of disease and mortality. The first quarter of the year was an extremely unhealthy season - the amount of general sickness large - Zymotic diseases unusually prevalent - and the rate of mortality much above the average. In the second quarter there was little sickness, few notifications, and the deaths were below the average. The third quarter was still better, the smallest number of cases of sickness reported by the District Medical Officers and the smallest number of deaths registered since I have had charge of the returns, but the last quarter indicates a return to the customary condition of sickness, zymotic disease and death.

Sanitary State.

The Parliamentary enquiry into the merits of the proposed extension of the Boundaries of the City of Bristol was a searching examination of the sanitary condition of this district. On behalf of Bristol an effort was made to prove that those parts which it was desired to take into the borough were (amongst other things) suffering from a want of proper sanitary supervision and their inclusion in the City of Bristol would be much to their benefit. The attempt utterly failed, the evidence conclusively proving that the district is well managed and well looked after. The only single advantage which Bristol can offer is an Isolation or Fever Hospital.

Water.

Our District is now well provided with water. On one side Westbury, Henbury, Shirehampton and Filton are supplied by the Bristol Water Company. On the other, Winterbourne has the full benefit of the West Gloucester Company's Mains running through its midst. Stoke Gifford alone is without a Company's supply,







but Stoke Gifford has but a sparse population, its natural water supply is abundant and we seldom find a contaminated well.

House Accommodation seems fairly up to the requirements of the district - the parishes in which most building is taking place, viz: Westbury and Shirehampton, have Urban Bye Laws. The only parish in which houses are increasing and Bye Laws do not exist is Winterbourne - there the added houses are not numerous and in style and accommodation very superior to their predecessors.

Drainage  
of  
Canford  
Farm.

The drainage of Westbury with its Sewage Farm cannot be considered satisfactory. Last year the effluent having become so impure as to be a source of danger to the River Trym, your Council decided to more deeply drain the Farm. For a short time this seemed effectual, but the nuisance has again returned. I met your Surveyor on the spot in November. We sent samples of the effluent to the County Analyst who reports that it is "much polluted with injurious organic matter" thus

	Parts in 100,000
Total Solids	62
Combined Chlorine	3.9
Mineral Ammonia	1.15
Organic Ammonia	35
Oxygen required for combustion of organic matter.	1.027

The sample was taken immediately after a wet day and was therefore more than usually diluted. Such a sample of water passing in large quantities into a small river must pollute it and be a serious danger. I am glad to find that the local Committee and your Council are again engaged in the consideration of how to obviate the nuisance. Fortunately this deals only with a portion of the sewage of Westbury - the remainder being conveyed directly to the river Avon.

Tank at  
Shirehampton.

The Tank at Lower Shirehampton, taking the sewage of seven or more houses - about which I have had several times to complain - is now under alteration and when completed will, I hope, remove all cause of complaint.

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The fact that a site for an Isolation Hospital has been selected seems to raise a hope that we are within measurable distance of the



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accomplishment of our desire. It is proposed to erect a Hospital at Patchway for the districts of Horfield and Barton Regis, and the Medical Officer of Health of Horfield and myself visited the ground together in September and reported to you that in many important respects it is very suitable for the purpose. It is isolated - approached by good roads - and safely removed from any centre of population. In one direction it is, for us, almost central, but in the other very near our border. The distance as the crow flies from Westbury is 5 miles - from Henbury 3 miles, from Winterbourne 3 miles, and from Shirehampton 4 miles. These are quite possible distances for the conveyance of patients and the roads lead through no populous places. The situation is also within reach, through Filton, of the Bristol Water Company, and lastly your surveyor reports that the drainage can be managed without danger to the Community. It now only remains to arrange the financial details between the two Boards and then there will be no reason for further delay in providing the last but most important piece of our Sanitary armament.

Disinfector. On the same site will doubtless be provided a proper disinfector of which we stand in much need. We have permission to use the steam disinfector at the Workhouse, but as this is out of our district - very far removed from some portions of it - in the centre of a large town population and not under our control - after using it for some time, I found that it was safer and better to disinfect on the spot with compressed Dioxide of Sulphur, and this plan has been adopted for 2 years. When our officer disinfects a room after an infectious Fever, he carefully hangs up in the room all the bedding, clothing etc. used in connection with the disease and thus without danger or difficulty thoroughly exposes them to the germicide; this is no doubt inferior to disinfection by steam but it is far safer than sending infected clothing a distance of 10 or more miles to a disinfector over which we have no control.



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Isolation  
in  
Cottages.

Isolation in Cottages is a matter of great difficulty. It is almost impossible to persuade the poor of its benefit or necessity after the acute stage is over, which in Diphtheria and Scarlatina is often the end of the first week while the patient remains infectious for 2 or 3 weeks longer. To insist upon their giving up one room to a single member while they have only 2 or 3 for the whole family seems a heavy imposition and is consequently too often neglected. This, however, is no excuse for parents endangering the lives of their neighbours. Of this we had a flagrant case at Winterbourne which almost demanded prosecution: 2 cases of Scarlatina occurred in a family and were duly notified. Without my knowledge a pretended disinfection of the house took place with Carbolic Acid, but so ineffectual was it, that a third case immediately broke out and of this no notification was given me, either by the Doctor in attendance or the parent, so that the rest of the children joined freely with their neighbours endangering the whole locality. There can be no doubt when an Isolation Hospital is once established in a suitable situation and the poor have overcome their prejudice against it, a great step will be gained in combatting Scarlatina, but the poor cannot be compelled to use a Hospital and will not allow their children to be removed to a long distance; - for all the common fevers it should be like a Cottage or Village Hospital, near at hand and homely. The value of isolation is in the beginning of an outbreak - when by removing the first few cases the general dissemination of the poison may be prevented, and in order to induce the poor to avail themselves of it under these circumstances, it must be made as little disagreeable to them as possible.

Nuisance  
Removal.  
Overcrowding. Upon the whole I am convinced that your action in former years has materially remedied the overcrowding of our district which is now fairly well provided with house accommodation. In April I reported a case of overcrowding at Filton - the occupier of the house did and reported to you to the same effect.



Isolation in Cottages is a matter of great difficulty. It is almost impossible to persuade the poor of its benefit or necessity after the acute stage is over, which in Diphtheria and Scarletina is often the end of the first week while the patient remains in- Isolation for 2 or 3 weeks longer. To insist upon their giving up one room to a single member while they have only 2 or 3 for the whole family seems a heavy imposi- tion and is consequently too often neglected. This, however, is no excuse for parents endangering the lives of their neighbours. Of this we had a lament case at Winterbourne which almost de- manded prosecution: 2 cases of Scarletina occurred in a family and were duly notified. Without my knowledge a pretended dis- infection of the house took place with Carbolic Acid, but so in- effectual was it, that a third case immediately broke out and of this no notification was given me, either by the doctor in attend- ance or the parent, so that the rest of the children joined freely with their neighbours endangering the whole locality. There can be no doubt when an Isolation Hospital is once established in a suitable situation and the poor have overcome their prejudice against it, a great step will be gained in combating Scarletina, but the poor cannot be compelled to use a Hospital and will not allow their children to be removed to a long distance; - for all the common fevers it should be like a Cottage or Village Hospital, near at hand and homely. The value of isolation is in the be- ginning of an outbreak - when by removing the first few cases the general dissemination of the poison may be prevented, and in order to induce the poor to avail themselves of it under these circum- stances, it must be made as little disagreeable to them as possible. Upon the whole I am convinced that your action in former years has materially remedied the overcrowding of our district which is now fairly well provided with house accommodation. In April I reported a case of overcrowding at Eilton - the occupier of the



house having had due notice and warning, was summoned before the magistrates who made an order in support of our demand.

In May I reported a house at Winterbourne Down not only overcrowded but ill kept and ill ventilated.

In June at your request, I visited a house at Stoke Bishop, where the family were too many in number for the size of the house, but it was so well kept and ventilated and its surroundings were so clean and tidy that I advised you a prosecution could hardly be sustained.

In October, in obedience to a letter from your Clerk, I inspected a house at Avonmouth which I found not overcrowded, but well furnished, well ventilated and well kept. In this case, I can

only suppose that some personal spite gave rise to a report of overcrowding.

In December, I was requested to visit a house at Southmead, said to be overcrowded, but found that although the family was a large one, every member had fully 300 cubic feet of sleeping room.

The precautions taken at the close of last year to confine the infection to the isolated case of Typhus at Westbury, I am happy to say, were effectual - the man recovered, the nurse left on the 9th January, the premises were well disinfected and cleaned and we heard no more of the disease.

#### Nuisance removal.

Complaint was made that sewage was running into the ditches at Cribbs Causeway. I met the Inspector there in January and carefully examined the ditches in question, but could find no evidence of nuisance existing and reported to your Board accordingly.

In January the Serjeant of Police called my attention to the house occupied by one of his men at Winterbourne Hill who was said to be suffering from blood poison. I could find nothing wrong except an absence of any sink drain, and requested the Inspector to make a thorough examination of the premises, which he did and reported to you to the same effect.



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The 2 Cottages at Canford Lane, Westbury, which I reported to you last year as unfit for human habitation have since been pulled down by their owner.

In January, at your request, I visited Meadow Street and the ground behind Napier Square, Avonmouth, and reported to you that the marks of floods in former years are evident inside the houses, but that no water comes in now during the heaviest rain, except in Gloucester Place, where the basements are flooded after an exceptional fall of rain.

In April I reported to you that 26 King Street, Avonmouth, was in such a damp and dilapidated condition as to be injurious to health.

These parts of Avonmouth are no longer under our jurisdiction; by the recent Act of Parliament they have passed into the city of Bristol.

In April I reported to you on the block of Cottages buildings adjoining Stanley Farm in the parish of Stoke Gifford, where improvements have lately been made by the owner - the condition of the drains still constitutes a nuisance injurious to health and the well water demands a chemical Analysis.

In May, at the request of your Inspector, I visited a cottage at Chalk Lane, Westbury, where I found an unventilated privy in the back kitchen and reported it to you as a nuisance injurious to health.

In December, I reported 3 cottages in Winterbourne Street - the first occupied by two Parents and 5 children - the second by 2 Parents, 5 children and 2 adult male lodgers and the third by a widow alone. For the service of these three cottages there was only one privy, which was clean, tidy and well kept, but being for the use of 17 persons was insufficient, and I reported accordingly that a nuisance existed from insufficient privy accommodation.

I also reported to you a nuisance very injurious to health for







which the Lawford Gate Highway Board is responsible, arising from the flooding of the side of the high road near the Cross Hands on Winterbourne Down. The cause of the flooding is the stoppage of a drain which formerly carried off the water, and the result is an accumulation of soft pulpy mud emitting an offensive odour in proximity to which are 2 cottages, the inhabitants living in a constant malaria, dangerous and injurious to health.

Enquiries  
made.

I was requested in March to make a special report to the Local Government Board on the notification of Measles, Whooping Cough and Rabies in this district. My report noticed that notification of these diseases had been in force since January 1890 and with few exceptions had been well carried out. No case of Rabies had occurred during the period; several epidemics of Measles and of Whooping Cough had existed, notably in 1894. The first epidemic was in 1890, 137 Cases of Whooping Cough were notified, principally from Westbury and Winterbourne where the school was closed.

In 1891, 158 cases of Measles occurred, spread more or less over the whole district.

In 1892, 73 cases of Whooping Cough were notified, principally from Frenchay, Hambrook and Winterbourne Down, - Frenchay and Winterbourne Down Schools being closed in consequence.

In 1894, an extensive epidemic of Measles spread through the whole district - 512 cases of Measles (and 107 of Whooping Cough) being notified - in consequence of which Avonmouth, Shirehampton, Henbury, Filton and Frenchay Schools were closed, the epidemic terminating during the Spring of 1895 (while notification was still in force) with 68 cases, when White's Hill (Hambrook) and Winterbourne Down Schools were closed; I prepared for Dr Theodore Thompson the Local Government Board Inspector, who visited the locality in September, tabular statements of 3 weeks before and 3 weeks after the closure of each school - which



the flooding of the side of the high road near the Green House  
on Winterbourne Down. The cause of the flooding is

escape of a drain which formerly carried off the water, and  
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notified - in consequence of which Tronbury, Hambrook and  
Winterbourne Down schools were closed, and the epidemic was

checked. In 1894, 15 cases of Measles were notified, and the epidemic was



showed the influence such closures had on the course of the epidemic. In each instance (except that of Shirehampton) the closure was followed by a marked diminution in the number of notifications I received, and in two of these Frenchay and White's Hill (Hambrook) by the immediate collapse of the epidemic. At Shirehampton the school was first closed after the epidemic had gained a firm seat in the locality and the first closure had little effect on its progress - it was only after a second closure when the disease had probably worn itself out that the epidemic came to an end. Notification of Measles and Whooping Cough no longer exists in our district.

Subjoined will be found on the forms provided by the Local Government Board the usual statistical tables of Births and Deaths.

Births. The number of Births during the year is 230. The average of the last three years being 393 - as a matter of fact (the cause of which I am unable to explain) the Births in this District are gradually diminishing. During the first three years I had charge of the returns viz:-1887,88,89 the annual average was 411. During the second triennial period 1890,91,92 the annual average was 408, and during the last triad 1893,94,95 it is only 381, the average for the whole nine years being 401 per annum. There is no evidence of migration to the City or elsewhere - speaking generally employment has been abundant and earnings good - the portion of Horfield separated last year contained but a small population, the part of Avonmouth transferred to Bristol has only just passed over and "the Census" which came in the middle of the nine years showed that the population of the whole district had materially increased.

Deaths. The Deaths are 202 or 15.9 per 1000 of the population - the average of the three preceding years being 210 or 14.5 per 1000. Making a calculation of Deaths similar to that of Births - In the first triad 1887,88,89 the average was 220 per annum - during the second period 1890,91,92 the average was 209, and during the third 1893,94 and 95 the average was 205, while the annual average of the







nine years 1887 to 1895 (inclusive) was 212 or a rate of 14.6 per 1000 of the population, so that Deaths as well as Births have gradually diminished.

Deaths  
from  
Zymotics.

But when we consider by a similar method the tables of deaths from Zymotics the tale is not so satisfactory; it would be interesting to compare the number of notifications with the Deaths, but we have not the means of doing this as notification only came into force in 1890 - and since May of this year Measles and Whooping Cough are no longer notified.

During the present year Zymotics caused 19 Deaths giving a rate of 1.3 per 1000 of the population, the average of the three preceding years being 15.5 or a rate of 1.07 per 1000.

The Annual average of the first three years of the period we are considering 1887.88.89 was fourteen; of the second three years 1890.91.92 was twelve, and of the last three years 1893.94.95 eighteen.

Measles and Whooping Cough contribute largely to the number - out of a total of 19 deaths 14 are from Measles and Whooping Cough.

Deaths  
under one  
year.

The deaths of children under one year of age are 57, equal to a rate of 162.8 per 1000 Births. This again is a large increase on the average which for the last 3 years is 46 or 118.1 per 1000 Births - but here again Measles and Whooping Cough swell the number, and the excessive cold of last winter proved a potent factor, for 25 deaths under one year were registered during the first quarter.

Deaths  
from old  
age.

I have little to remark upon the deaths of old people - they number 33, while the average of the 3 preceding years was 38.

Notifica-  
tions of  
Zymotics.

The number of Zymotic diseases notified is 189. Measles (up to May 1st) 70. Whooping Cough 54. Scarlatina 26. Erysipelas 22. Diphtheria 14, and Croup 5.

Of the 14 cases of Diphtheria 8 occurred at Winterbourne and 6 at Westbury - in neither place did there appear any special







sanitary defect to account for the disease, which did not assume a malignant type, 1 death taking place after six weeks illness. Of the 26 cases of Scarlatina 19 were in the parish of Winterbourne. I have remarked before on the culpable negligence exhibited by one family here, which no doubt accounted for the infection of some of the sufferers - one patient only died out of 26 cases. 5 cases of Scarlatina were at Shirehampton - 2 at Westbury and 1 at Filton.

The other Zymotics causing death are :- Measles 5. Whooping Cough 9. Croup 1. and Erysipelas 2.

These diseases will be more under control when we have a Fever Hospital in which to isolate them.

Edward Crossman.



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cases of scarlatina were at Birmingham - 2 at the hospital and 1 at

the hospital. Deaths are :- 1. Infant 2. Infant 3.

Group 1. and 2. and 3.

It is to be noted that in these cases we have a fever

and



TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1895, in the *Bathurst Rural Sanitary* District; classified according to DISEASES, AGES and LOCALITIES.

[illegible]

State here whether " Notification of Infectious Disease " is compulsory in the District Yes. Since when? 1890

Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly.

State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated No Hospital

Salvador Prater



## NOTES ON TABLE **B.**

(See also Notes on back of Table A.)

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- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*



(A)

TABLE OF DEATHS during the Year 1896, in the Nassau Negro Land District,  
classified according to DISEASES, AGES, and LOCALITIES.

[illegible]



# NOTES ON TABLES A AND B.

- NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*
2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*
3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*
4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.									
Area in Acres	19.894								
Population (1891)	14.460								
Death Rates.	<table border="0"> <tr> <td rowspan="2">{</td> <td>General</td> <td>13.9</td> <td rowspan="2">{</td> <td>per 1,000 Population, estimated to middle of 1895.</td> </tr> <tr> <td>Infant (under one year of age)</td> <td>162.8</td> <td>per 1,000 Births Registered.</td> </tr> </table>	{	General	13.9	{	per 1,000 Population, estimated to middle of 1895.	Infant (under one year of age)	162.8	per 1,000 Births Registered.
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In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

*Edw. A. Crossman* Medical Officer of Health.

(Date) *Jan 16*, 1896.